

POSITION	ID NO.	DATE
CLASSIFIER	11	10/18/97
EXAMINER	18	12-18
TYPIST	2	7
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Final	Original	Date
1	1	1	10/16/97
2	2	1	5/7/98
3	1	1	10/16/97
4	1	1	10/16/97
5	1	1	10/16/97
6	1	1	10/16/97
7	1	1	10/16/97
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SYMBOLS

✓	Rejected
=	Allowed
- (Through numeral)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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